

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>1</u> <u>10</u> <u>06</u>		2 Serial/Patent # <u>10</u> <u>510</u> <u>153</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>140.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
Done		7 TOTAL AMOUNT OF REFUND		\$ <u>140.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	No Fee Due (Explanation):		<input type="text"/>	<input type="text"/>
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Darrell Cottman</u>		PHONE: <u>703-306-9140 x203</u>		
OFFICE:				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>1-11-06</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**